

Where Medicine Meets Advocacy

Interview with Dr. Andreia Alexander, MD/PhD

By Yasmin Ali, MS3

Dr. Andreia Alexander is an Assistant Professor of Emergency Medicine at the Indiana University School of Medicine (IUSM). She also holds positions as the Director of the Health Equity Education Pathway at IUSM and the Medical Director of Health Equity for the IU Health Indy Metro Region. Holding multiple board positions (Board of Trustees, DEI Committee Chair, and Commission on Legislation) for the Indiana State Medical Association (ISMA), Dr. Alexander advocates for policies to improve health equity, especially regarding sexual and reproductive health. As an alumna of the IUSM Medical Science Training Program (MSTP), she completed her PhD in Health Behavior, where her research focused on sexual and reproductive health. She went on to complete her residency training in Emergency Medicine at Rutgers New Jersey Medical School before returning to IUSM as faculty in 2018.

Dr. Alexander's research interests focus on the emergency department (ED), with concentrations on sexual and reproductive healthcare improvements as well as systemic racism and implicit biases. Post-Roe v Wade, she has also been working on interventions to increase contraception access and studying the bioethics of the treatment of vaginal bleeding in the ED. As a physician who has received multiple honors for her teaching, research, and advocacy, we are excited to share this interview that highlights Dr. Alexander's perspectives on health advocacy.

What brought you to IUSM?

When I was initially looking for a job after residency, I was going to stay at my training institution, Rutgers. However, my chair told me that he wanted me to go and explore other institutions before making that decision. Since I did my medical and graduate school training at Indiana University, I decided this would be one of the places that I would look. One thing that really drew me to Indiana University was that the school seemed really excited about the research that I wanted to do. I was a little taken aback because I do reproductive health research; knowing that Indiana is more of a conservative state, it wasn't something that I was expecting. But everybody seemed super supportive, and the institution/department seemed to have the resources I would need to be successful. The cost of living compared to New Jersey was a plus, too!

How do you incorporate advocacy into your medical career? What led you to the areas of advocacy you

primarily focus in?

I kind of fell into advocacy accidentally. When I first started here as faculty, there was a second-year emergency medicine resident who was really into reproductive health advocacy; given that my research was primarily in reproductive health, a rare find in emergency medicine, she approached me pretty early to work with her on some initiatives. Before I knew it, I had jumped headfirst into advocacy. I primarily focus on advocacy related to reproductive health issues as well as diversity, health equity, and inclusion; however, I also have a broader focus around healthcare and public health legislation.

Given that I already devoted a good amount of my time to research around reproductive health and DEI, it was natural to focus on these areas when it came to advocacy. Additionally, given that I moved back to Indiana right before COVID, a time when health care disparities were becoming so glaringly obvious that they could no longer be ignored, followed closely by the fall of *Roe v Wade*, there was a need, and I felt compelled to advocate in these areas.

I incorporate advocacy into my medical career in many ways. Academically, I continue to conduct research and develop interventions in these areas so that I can contribute to the body of literature that is often referenced by policy makers and advocates. When it comes to boots on the ground legislative advocacy, I don't go at it alone. I choose to work alongside various organizations, such as the Good Trouble Coalition, Physicians for Reproductive Health, the American College of Emergency Physicians, and the Indiana State Medical Association, which already have advocacy structures in place. I work toward leadership positions in some of these organizations so that I can be at the table when policy decisions are being made.

How does your medical advocacy translate to your patient care in the emergency department?

This occurs in so many ways. First, advocacy has taught me so much about the health care system and various health-care policies that reach far beyond the work that I do. This allows me to understand my patients better, empathize with them and their experiences, good and bad, while interact-

ing with the health care system. Second, it allows me to reach more of my patients than I would be able to on a one-on-one basis. Every time I advocate for a policy that then gets passed on a state or national level, I am affecting the care of hundreds of thousands of patients, not just the one in front of me at that time. And finally, advocating in areas that are important to me fills my cup. This allows me to show up for my patients every day being the best version of myself so that I can provide the best care I possibly can for each of my patients.

What kinds of obstacles have you faced as an advocate in medicine?

Given my main areas of interest being reproductive health and DEI in a conservative state, I have faced a lot of obstacles. That is just part of advocacy, or really anything worth doing. Most of the obstacles that I face have to do with resistance to the work that I do. And when that happens it's important to (1) take a break when you need it, mentally or physically, (2) surround yourself by like-minded people so that they can help you remember why you were doing the work you were doing, and (3) regroup, adjust your plan, and keep moving forward.

In hindsight, is there anything you would have done differently?

Yes. While it is important to sit at a table with people who have a different mindset from yours to create meaningful change, it is just as important to surround yourself by like-minded people. When I first started out, I knew that my time was limited. I was the single mom of an elementary-school-aged kid, and it was the height of COVID. So, any advocacy work that I did needed to be as efficient and effective as possible. So, I focused on organizations that didn't quite align with my values in some ways because that is where I thought I could make the greatest change. Well, the problem with this was that I was meeting resistance, sometimes in very unprofessional and demeaning ways, and I didn't have anyone there who I felt comfortable talking to and trusted. This was not good for my mental health and almost drove me away from advocacy altogether. It was not until I expressed this to some of my colleagues outside of these organizations that I realized my problem was that I wasn't part of organizations that truly aligned with my values. Once I joined some of these other organizations and started surrounding myself with like-minded people, in addition to continuing my involvement in the organizations with people of different values, I was able to balance out the work I was doing. The work then took less of a toll on my mental health and really started to fill my cup. I wish I had done this earlier. Also, I would have learned early on not to take anything personally!

What advice do you have for medical students inter-

ested in incorporating advocacy into their medical education and career, especially those who may not know where to start?

My first piece of advice is to start by identifying an issue or cause that resonates with you personally. Whether it's health equity, mental health, access to care, or something else, finding a passion will help you stay committed in the long term. Once you have a focus, begin by seeking out mentors—faculty members, physicians, or community leaders—who are already engaged in advocacy work. Mentorship is key to gaining insight, building connections, and finding opportunities to get involved.

Next, look for small, manageable ways to get started, such as participating in local health equity initiatives, joining student organizations focused on advocacy, or even engaging in research that examines healthcare disparities. Over time, you can grow these experiences into larger projects or leadership roles. Also, recognize that advocacy doesn't always require grand gestures; it can begin with everyday actions, like educating your peers, speaking up for underserved populations, or integrating patient-centered care into your clinical practice.

Finally, understand that advocacy is a lifelong commitment. It doesn't have to be perfect right away. Start where you are, build your knowledge and skills, and continuously seek ways to integrate advocacy into the fabric of your medical career. Advocacy, especially in healthcare, is most impactful when it's rooted in passion, perseverance, and a willingness to learn.

What are you most excited or hopeful for when it comes to the future of medicine from an advocacy perspective?

I'm incredibly excited and hopeful about the growing recognition of physicians as advocates, especially considering the lessons we've learned from COVID-19 and other pressing health issues over the last few years. The pandemic, along with increased awareness of health disparities, has shown us the critical role we play in advocating for systemic changes that can improve patient outcomes. What excites me most is seeing more of my colleagues, residents, and students eager to get involved in advocacy work. There's a collective momentum building, and I don't think we've fully grasped the transformative impact we can have on the healthcare system when we unite with a shared purpose. Whether it's addressing social determinants of health, pushing for policy changes, or fighting for equitable access to care, I believe we're just scratching the surface of what we can achieve. Knowing that potential and envisioning the positive changes we can make as a profession is what truly excites me about the future of advocacy in medicine.